MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET APPLICANT(S) CLAIMS AFTER 181 AMENDMENT AS FILED APTER 200 MD DEP DEP ND DEP **MD** DED ī <u>7</u>5 V V シ TOTAL IND. TOTAL DEP. TOTAL CLAMS TOTAL IND. TOTAL IN TOTAL DEP. TOTAL CLAIMS - 3363 SIRE S

